

**MULTIPLE VICTIM INCIDENT PLAN**

I. AUTHORITY: *Health and Safety Code 1797.151.*

Date

II. APPLICATION: This policy defines the scene medical management and documentation for a multiple victim incident (MVI). The goal is to provide a flexible field guide to improve medical management and decrease field time.

III. FIELD  
MANAGEMENT AND  
ORGANIZATION:

A. The first on-scene responder unit will triage all victims using the START system and triage tags. The overall situation will be immediately evaluated by the incident commander. Requests for additional personnel and equipment should be made promptly.

B. All emergency medical technician-paramedics (EMT-P) except one radio EMT-P will render care.

C. All victims will be brought to a central treatment area unless they can be immediately moved to an ambulance for transportation.

D. Treatment teams will consist of: One EMT-P and one or two EMTs for each "immediate" patient; and one EMT-P and one EMT for every four "delayed" patients.

IV. COMMUNICATIONS: A. Each unit responding to a known MVI shall contact the Orange County Communication (OCC) and inform it of the unit number, the district number, and the medical type of MVI.

OCC shall assign the same communication assignment to all ALS units responding to one MVI, until the need for an additional assignment is required (i.e., geographically or physically divided scene).

When an EMT-P arrives at a MVI which s/he was unaware of prior to arrival, the EMT-P shall contact OCC advising of his/her participation in a MVI.

*ITALICIZED TEXT IDENTIFIES QUOTATIONS FROM AN AUTHORITY OUTSIDE THE OCEMS AGENCY.*

B. The role of the BH MICN is to coordinate orderly disposition of the victims to hospitals since most treatment will be predicated on standing orders.

Approved:

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- C. There will be one radio EMT-P (also medical communications manager), one assigned BH, and one assigned frequency.
- D. When possible, OCC will advise the BH of a confirmed MVI and then limit additional assigned calls to the BH during the incident.
- E. The initial radio report should include:
1. Initial contact to confirm clear frequency reception.
  2. Overall scene description.
  3. Number of victims and classification (immediate or delayed).
  4. Triage number, as an identifier.
  5. Age, sex, major injuries.
  6. Vital signs or physiological parameters; such as level of consciousness, respiration rate, and presence or absence of radial pulse.
- F. The radio EMT-P will give report to the BH based on the patient's triage tag. Communication regarding the most seriously injured patient(s) should be prioritized.
- G. The H.E.A.R./ReddiNet network will only be used for potential or actual mass casualty incidents.

V. DOCUMENTATION:

- A. Victim identification, assessment, treatment and disposition will be documented on the triage tag by both EMTs and EMT-Ps.
- B. An EMT-P who escorts a victim to a hospital, will transfer information from the triage tag to a prehospital care report. The appropriate copy will be left at the paramedic receiving hospital.
- C. During the MVI, the MICN may utilize a work-sheet. After the call the MICN will transfer the information to the BH report. A chart notation will state MVI and reference the prehospital care report for complete patient information.

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- D. The prehospital coordinator and the BH medical director will review all documentation for appropriateness of care within 7-10 days of the incident.